

Exhibit DDD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C NORTH CAROLINA BLACK ALLIANCE, INC. PO BOX 27886 RALEIGH, NC 27611		D Employer identification number 56-2210571
	F Name and address of principal officer: Courtney A. Crowder Same As C Above		E Telephone number (919) 833-6394
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 4,033,878.	
J Website: www.ncbeoalliance.org		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation: 2000		M State of legal domicile: NC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To bring black-elected officials, important partners and those interested in public policy together from across the state to participate in a conference focused on social and economic empowerment and public policy initiatives that improves the African-American community.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
Revenue	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,154,745.	3,963,428.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,870.	70,450.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,201,615.	4,033,878.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	193,896.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		213,133.	501,471.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)		61,885.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		764,582.	2,070,667.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,171,611.	2,843,209.
19 Revenue less expenses. Subtract line 18 from line 12		1,030,004.	1,190,669.
Net Assets or Fund Balance	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,525,335.	4,018,953.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,492.	322,441.
		2,505,843.	3,696,512.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer COURTNEY A. CROWDER		Date	
	Type or print name and title Executive Director			
Paid Preparer Use Only	Print/Type preparer's name RASHID WILLIAMS	Preparer's signature RASHID WILLIAMS	Date	Check <input type="checkbox"/> if self-employed PTIN xxxxx1838
	Firm's name Smart Choice Tax Service LLC	Firm's EIN xxxxx7030	Phone no. (336) 275-6266	
	Firm's address 2300 W. Meadowview Rd Ste 214 Greensboro, NC 27407			
	May the IRS discuss this return with the preparer shown above? See instruction 10			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Witness: M. Bass 30(b)(6) 2 Form 990 (2022)

Ex. 2

3/25/2025 D. Myers Byrd